Healthy to Learn: State Requirements for Child Health Examinations

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A Report to the Washington State Board of Health

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Summary: Based on research on 19 of 23 states that require health exams prior to and/or during entry to a K-12 education, the Human Services Policy Center found that 13 states have comprehensive, specific health exam requirements, including a physical and developmental assessment, behavioral assessment, health screening, and immunizations. An additional 5 states have less specific requirements for exams, and one state requires extensive health screening but no exam. Out of the 18 states that require exams, 10 require them only at entry grades, and 8 require them periodically. The majority of states only require exams for students enrolled in public schools; a minority require exams for independent and home school students as well. Private physicians generally provide the exams and resulting services under the parents' private or state-funded health insurance, with a small percentage of exams provided in school-based clinics. Schools are not normally expected to pay for either the well-child exams or resulting services.

Introduction

Intent of the Research. The Washington State Board of Health engaged in discussions about state requirements for student health exams prior to entry in elementary and secondary schools. Building upon research conducted by the Office of the Superintendent of Public Instruction, the State Board of Health contracted for a study of states that mandate health exams, with specific information requested on the statutes, the targeted grade levels, the state and local agencies involved, and the data derived from these requirements. This research aims to inform the State Board of Health in its continuing dialogue on possible implementation of health exam requirements or related pilot projects in the State of Washington.

*Methodology***.** The University of Washington Human Services Policy Center (HSPC) received preliminary information from the Office of the Superintendent of Public Instruction on states that require health exams, including some contact names and brief descriptions of a few of the relevant statutes. To augment these data, we contacted the

National Association of School Nurses (NASN), which conducted a brief survey to determine which states required health exams.[i] The American Association of Pediatrics (AAP) provided data on state statutes creating the federally mandated Child Health Insurance Programs (CHIP).[ii] Finally, the Association of State and Territory Health Officers conducted a search to identify states with requirements and to provide contact names. Combining information from these sources, we developed an initial contact list with 23 states that require health exams and/ or health screening prior to entry in K-12 schools.

Using this preliminary list, we reached 35 contacts representing 19 states. We conducted 45-minute interviews within a 3-week period in May and June, 2001 and in early September, 2001. These contacts represent state agencies, school districts, and not-for-profit organizations. Prior to the scheduled interviews, we sent a memo summarizing the project, which allowed the participants time to send materials in advance and prepare their responses. Following these interviews, we drafted state summaries, compiling all the information received from 1-4 contacts per state. The HSPC sent drafts of these summaries to each contact for verification and clarification, and we have confirmed data from all 19 states. We made every effort to confirm the accuracy of the information with the time allowed.

An additional 4 states require that students have physical exams before entering school. We are missing information from Alaska, Arkansas, Idaho, and New Hampshire. We could not find appropriate contacts in Alaska and Idaho. Although we have contact names in Arkansas and New Hampshire, we were unable to connect with them within time constraints. As a result, we focused on summarizing the significant, consistent data generated from the interviews with contacts from 19 states.

While our interview protocol focused on factual information, in many cases our respondents offered interpretive judgments or observations that we found helpful to understand what was happening in the states. Where we received multiple, consistent comments, we have reported them for consideration by the State Board of Health. It should be noted that these are the judgments of informed officials, but are not based on formal evaluations, which appear to be lacking for this topic.

Statutes and Regulations

With the exception of only two states in our sample, the Legislatures took action to require health exams. States where the Legislature introduced the bill include the following: California, Connecticut, Florida, Hawaii, Illinois, Kansas, Kentucky, Maryland, Massachusetts, Nebraska, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Virginia, and West Virginia. As the two exceptions, Delaware and Tennessee adopted regulations to enforce exam requirements.

Of the 19 states, nine states enacted statutes or adopted regulations over 50 years ago as initial school health measures. An additional six states enacted laws or regulations at least 20 years ago. The statutes/ regulations were intended to curb the spread of infectious disease and to address health issues that would impair a child's ability to learn.

Dates of Enactment of Laws Requiring Health Exams

< 10 yrs	*10-19 yrs*	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*Over 50 yr*	
DE		CA	IL		CT	HI
KS		FL			MA	NE
MD		KY			NJ	NY
		TN			PA	RI
					VA	

Observations on Statutes. When asked about the benefits of these statutes and regulations, almost all the contacts (from both state and local agencies) replied that the greatest benefit is seeing students able to attend school in optimal health (including students with chronic conditions requiring daily preventative treatment). Respondents affirmed that while the statutes do not guarantee that every child will see a physician, the laws increase the likelihood of families arranging for at least one health exam. Many of the contacts believe that it requires a Legislative act to set these uniform standards and to establish the expectation that families and schools will comply.

These statutes also establish a partnership between the Department of Health/ Public Health and the Department of Education, which is then replicated at the local level among school districts and local departments of health. Interview participants cited these partnerships as the second primary benefit to the enacted legislation and regulations, as these relationships extended beyond the requirements for health exams.

When introducing or changing statutes on school health, interview participants recommended creating stakeholder groups to review legislation, regulations, and or a standard form for documentation of the exams. These groups should represent a broad cross section of all who would be involved including parents, students, school administrators, school nurses, teachers, unions, the statewide Parent Teacher Association, the local American Medical Association, the local NASN, the local AAP, other school professional organizations, public health nurses, private physicians, medical insurance companies, health maintenance organizations and others. As reported by those interviewed, the input from these stakeholders improves the quality and use of these required health

services, and including the stakeholders early in the process appears to increase their acceptance of the requirements.

Targeted schools and grade levels. Of the 19 states, ten require health exams and/or health screening one-time only at entry in Kindergarten, in other beginner grades, or at entry as a transfer student. The remaining eight states require subsequent exams as well. (West Virginia requires mandatory health screening, but no exam prior to entry in Kindergarten.) In at least nine states, requirements apply only to the public schools; in at least five states requirements apply to public, independent, and home schools.

Target Grade Levels for Required Health Exams

One-time only	***Multiple Exams***	***Grades***				
		Entry	K-2	3 to 5	6 to 8	9 to 12
California	Connecticut	x	x		x	x
Delaware	Illinois	x	x	x		x
Florida	Kentucky	x			x	
Hawaii	Massachusetts	x		x	x	x
Kansas	Nebraska	x			x	
Maryland	New York	x	x	x	x	
New Jersey	Pennsylvania	x			x	x
North Carolina	Rhode Island		x		x	x
Tennessee						
Virginia						
Total: 10	**Total: 8**					

Notes:

1) California requires that students receive an exam up to 18 months prior to or up to 90 days after the first day of First Grade.
2) In Florida, if a child enters the public education system in pre-school, he/she must have a subsequent exam prior to Kindergarten.
3) In New Jersey, subsequent exams are recommended at least one time between pre-school and grade 3, once between grades 4 and 6, and once between grades 7 and 12.

Target Schools

Public Only	***Public and Independent***
Connecticut	California
Delaware	Florida
Kansas	Hawaii
Kentucky	Illinois
Maryland	Pennsylvania
Massachusetts	
North Carolina	
Virginia	
West Virginia	

Observations on target population. Interview participants noted that the parents tend to respond positively to mandated health exams in the beginning grade levels (Pre-school, Kindergarten, and First grade). These exams offer a positive opportunity for children and families to gain valuable information on the health of the child as she/ he begins school. As students need immunizations on their 5th birthday, parents generally do not have to schedule a separate appointment to meet the exam requirements. While participants stated that the requirements for older students are more difficult for states and school districts to enforce, these later exams provide a comparison to the baseline data received at entry and can identify new conditions that have developed. Many state contacts recommended requiring an additional exam prior to adolescence (in the 4th grade, for example) and sometime during adolescence (7th to 9th grade). One interview participant also cautioned other states to consider the cost effectiveness of subsequent health exams, especially if the state lacks an adequate number of health providers.

State requirements for health care infrastructure

State and local agencies. In all the states we interviewed, either the Department of Education (and/or the State Board of Education) or the Department of Health takes the lead in providing assistance to school districts and local health departments, ensuring compliance with the state mandates, and collecting information on student health status and immunizations. In most states, a state school nurse consultant works in one of these two departments to provide support and technical assistance to districts on school health programs, including the required health exams and screening. These state agencies also collaborate with the department that administers the federally mandated Child Health

Insurance Plans, which is generally the Department of Social/ Human Services or the Department of Health/ Public Health. In several states, a separate division of the Department of Health monitors compliance with immunizations requirements.

State Agencies

State	***State Dept. of Ed***	***State Dept.of Health/ Public H.***	***Dept. Human or Social Services***	***Board of Educ.***
California	Collaborative	Lead	N.A.	Collaborative
Connecticut	Lead	Immun./ SBC	CHIP program	
Delaware	Lead			Lead
Florida		Lead		
Hawaii	Collaborative	Lead		
Illinois		Immun.	Lead	Lead
Kansas		Lead		
Kentucky	Lead	Collaborative		
Massachusetts		Lead		
Maryland	Lead	Lead		Collaborative
Nebraska	Collaborative	Lead		
New Jersey	Lead	Immun.		
New York	Lead	Immun./ SBC		
North Carolina		Lead		
Pennsylvania	Collaborative	Lead		
Rhode Island	Collaborative	Collaborative		
Tennessee	Lead	Collaborative		
Virginia	Collaborative	Collaborative		
West Virginia	Lead	Collaborative		
Totals: 19	8 Lead/ 6 Collab.	9 Lead/ 9 Collab.	1 Lead/ 1 Collab.	2 Lead/ 2 Collab.

A parallel relationship exists at the local level, with all but one state identifying the school district as the agency responsible for ensuring compliance with mandated school health exams. School districts work in partnership with state and local Child Health Insurance Plan administrators, local public health departments, health maintenance organizations, private insurers, and school based clinics to link families with services.

Local Agencies Responsible for Mandatory Health Exams and Screening

State	*School Boards / School Districts*	*County / Mun. Health Dept.*	*School Health / School Based Clinic*	*Other*
California	Lead	Collaborative	Collaborative	
Connecticut	Lead		Collaborative	
Delaware	Lead			
Florida	Lead	Collaborative	Collaborative	
Hawaii	Collaborative	Lead		
Illinois	Lead			
Kansas	Lead	Collaborative		
Kentucky	Lead	Collaborative	Collaborative	
Massachusetts	Lead			
Maryland	Collaborative	Collaborative		
Nebraska	Lead			
New Jersey	Lead			
New York	Lead	Collaborative		
North Carolina	Lead			
Pennsylvania	Lead			
Rhode Island	Lead			
Tennessee	Lead	Collaborative		
Virginia	Lead	Collaborative	Collaborative	
West Virginia	Lead		Collaborative	

School health professionals. Of the 19 states, five require that districts hire school nurses to serve the entire district, and three require that nurses serve a cluster of schools. Three other states set minimum standards for the ratio of nurses to students. Eight states allow the districts discretion as to whether they hire or contract with nurses and other health professionals. As the one exception, the State of Hawaii mandates that public health nurses oversee school health services, with the assistance of a health aide. The school nurse or public health nurse reviews the physicians' documentation on health exams and immunizations and reports compliance to the district. As reported by the participants, the school nurses fulfill four primary roles: medical provider, administrator, advocate for students and families, and classroom educator.

In addition, at least four states also require that districts hire or contract with physicians to advise District Superintendents, prescribe treatment for students during their time in school, and oversee school health programs. In Florida, schools are required to have a school clinic in lieu of requirements for nurses and physicians.

State Requirements for School Health Care Providers

School clinics	***Nurse in each district***	***Nurse in each school or cluster***	***Minimum ratio nurses:students***	***Public Health Nurse in schools***
Florida	Rhode Island Massachusetts Pennsylvania New York West Virginia	Connecticut Delaware New Jersey	Pennsylvania Tennessee West Virginia	Hawaii

District Discretion	***Physician in each district***
California Illinois Kansas Kentucky Maryland Nebraska North Carolina Virginia	Connecticut Massachusetts Pennsylvania Rhode Island

Other methods. In several states, districts or schools host school based health centers. School based clinics operate under the auspices of Departments of Health or Education, generally as a program separate from the school districts. These clinics usually hire a team, which may include a physician, a mental health professional (psychiatrist or psychologist), a nurse practitioner or physician assistant, and a nurse aide. They serve all students, usually charging sliding fees to private insurers, CHIP programs, and Medicaid. If students have no insurance, the clinic offers services for free. We spoke with representatives from at least five

states with school-based clinics in current operation, including California, Florida, Kentucky, New York, and Virginia.

In certain states, the schools and health departments offer Kindergarten Round Ups, where prospective Kindergarten students can visit their school, submit documentation on immunizations, and in some cases receive medical exams, immunizations, and/ or screening. Florida and West Virginia offer these Kindergarten Round Ups each spring to register students and offer them the required services.

State contacts also identified examples of local collaboration with community service organizations (such as the Lion's Club), hospitals, private foundations, churches, homeless shelters, and free or reduced-fee clinics. These private organizations offered families assistance in accessing health exams, immunizations, health screening, and follow up services.

Observations on School Health Providers. In the opinion of many of those interviewed, the school districts' compliance depended upon whether or not the school had a nurse on site to review documentation and use the information to the benefit of the school and the student. Participants also noted that school nurses, because of their professional skills and training, serve as the best "gatekeeper" for school health records because they were able to identify issues that needed further attention and refer families to the appropriate specialists. In schools without nurses, the secretary or a teacher would review documentation to report compliance to the district.

Funds for state and local administration. The majority of states use matching federal and state funds to cover state administration of school health, including the federal Maternal and Child Health Block Grant funds, federally mandated Child Health Insurance Program funds, state General Funds, and grants from the Center for Disease Control.

Most states allocate state aid to districts based on the number of full-time equivalent students. Combining state aid and local tax revenues, districts pay for the school nurse and other professionals. For example, Connecticut and Pennsylvania provide partial reimbursement to districts for about 35-40% percent of their costs with the remainder drawn from local tax revenues. A few states allocated funds to districts specifically for school health programs. For example, Florida annually appropriates $4.5 million from Tobacco Settlement funds and $5.3 million from General Funds to the Basic School Health Program. In West Virginia, school health services are a specific part of the formula used to calculate state aid to school districts. These school health services include the administration of nursing services and direct medical care. While the medical care usually includes health screening and care of chronic conditions, health exams are usually provided off-campus.

In Virginia, the School Community Health Grants program provides funding for 18 months to districts to establish school nursing services. After the 18-month period, districts generally increase their local budgets to provide a school nurse. One tenth of the school nurse population has been initiated through these grants. The program has three primary goals in providing health care in regions with limited access: 1) provide a registered nurse in each school in the district, 2) offer a nurse practitioner's services at school to provide primary medical care to students, and 3) establish either a school-based clinic or a mobile clinic to students in the district.

Health Exam Providers and Payment. In every state, students generally see their private family physician to receive their health exam, and their families' private insurance covers the expense. Low-income families would see health care providers who accept Medicaid or the relevant state CHIP, which could include the county health department. Schools and health departments ensure that every student has a "medical home" with a primary care provider by

helping families with eligibility forms and referrals. Ensuring that students see a physician at least once is the primary goal of state laws for the CHIP programs and the health exams.

If the state requires screening services (vision, hearing, growth, scoliosis, speech, and oral health), school nurses or district specialists generally provide these services, referring families to specialists for any necessary follow up treatment. A few states require physicians to complete the health screening as part of the mandated exam, in which case the parents' insurance would cover the expense.

Collaboration with Child Health Insurance Reform Programs. In all states, school health programs work closely with the federally mandated Child Health Insurance Programs in linking students to a "medical home," a physician or health care group that will serve the student over time. In turn, local health departments and local CHIP administrators sometimes work with schools to provide immunizations and health exams for reduced fees.

Participants' Observations on Access Barriers. While state CHIP programs have increased access to health care for families up to 200 percent of federal poverty guidelines, participants identified several barriers to health care that still exist. The participants cited the lack of public and private transportation as a primary barrier to health care. In one district in West Virginia, the CDC provided grant funds to purchase a van to transport students to health appointments as a strategy to increase compliance with immunizations.

As another common theme, interview participants also cited an inadequate number of health care providers. Lack of dentists, especially those who will accept Medicaid for payment, and lack of specialists in rural communities were other critical issues. Communities with a high percentage of immigrant families identify the barriers of culture, language, literacy skills, and employers' restriction in allowing parents to take time off of work for their children's medical appointments.

Finally, several states are beginning to address the lack of appropriate adolescent health care that acknowledges their significant social, emotional, and physical milestones. As many states have Interscholastic Associations that currently require annual physicals for athletes in grades 6 to 12, state agencies report that school health programs in some cases use this opportunity to introduce preventative health care education and conduct risk assessment for adolescents.

Ensuring compliance with the mandate

Verification processes vary depending on state requirements. In Connecticut and Maryland, state law requires that "appropriate school health officials"—who are generally the school nurses-- verify that students have received health exams. Six states require that a school nurse review health exams and immunization forms: Delaware, Massachusetts, New Jersey, New York, Pennsylvania, and Rhode Island. Depending on whether a school has a nurse, either the nurse, the secretary, or a teacher reviews the forms in 10 states. In Hawaii, the public health nurse and health aide review students' forms on health exams and immunizations. In at least three states, state agencies also visit a sample of schools annually to review their health programs, including compliance with immunizations and/ or health exams. Maryland, Florida, and New York conduct these annual visits to assure the quality of student health services.

Repercussions for non-compliance also vary, depending on state requirements and district preferences. In Hawaii and Virginia, families may enroll their children only if they submit documentation of the health exam and immunization. States can also exclude students from school if families have not submitted records by either the first day of school or a designated deadline: California, Delaware, Hawaii, Kansas, and New Jersey. School

districts have the discretion to exclude students in Connecticut, Kansas, North Carolina, Pennsylvania, and Tennessee. In eight states, the statutes include no consequences for lack of compliance with required health exams: Florida, Illinois, Kentucky, Maryland, Massachusetts, Nebraska, New York, and Rhode Island.

Comments on verification and consequences of non-compliance. For reasons noted above, school districts and state agencies generally prefer to designate a school nurse to be the "gatekeeper"—the school staff person who receives documentation of student's health exams and immunizations— as she has the professional skills to follow up when needed. Very few of those interviewed recommend that students be excluded from school for non-compliance. The school's primary objective is to keep students in school, and the student should not be penalized for lack of an exam.

Description of requirements for health exams, immunizations, and health screening[iii]

Generally, standard forms for health exams follow the guidelines established nationally by the AAP and Medicaid. The exams include information on a student's health history and identification of any chronic health concerns including any conditions that could require emergency treatment. Physicians generally document results of the physical exam using a checklist to identify any aspects that appeared normal or required attention with a narrative section for related details. Usually, exams require lab work such as blood tests for hematocrit/ hemoglobin, Tuberculosis immunity, and/ or a urinalysis. Sometimes, states require that physicians provide students with tests for hearing, vision, oral health, and/ or speech. In a few cases, physicians sign a statement that the exam was provided on a specific date, without any required detail on the results of the exam. Many statutes specify that only

physicians can conduct the exams, while other states also allow nurse practitioners, physician assistants, or other qualified health professionals to conduct the exams.

Out of the 19 states in the sample, 13 states have requirements specified on state forms that are roughly equivalent to "Recommended Children's Preventative Services: Ages Birth through 10 Years," which was approved by the Washington State Board of Health on November 8, 2000. However, while the requirements for risk assessment and safety measures on this approved checklist exceed that of most states (with the exception of Kentucky and Kansas), several other states' requirements for nutrition screening and the assessment of the student's health history are more explicit than those included in the "Recommended Children's Preventative Services.

Comparison between "Recommended Children's Preventative Services: Ages Birth through 10 Years" and Health Exam Requirements of Other States

State	*State Form with Equivalent Requirements*	*State Form with Less Specific Requirements*	*No State Form Physician Documentation*	*No Exam Required*	*Total States*
California	X				
Connecticut	X				
Delaware			X		
Florida	X				
Hawaii	X				
Illinois	X				

Kansas	X				
Kentucky	X				
Maryland	X				
Massachusetts	X				
Nebraska			X		
New Jersey	X				
New York			X		
North Carolina	X				
Pennsylvania	X				
Rhode Island			X		
Tennessee		X			
Virginia	X				
West Virginia				X	
TOTALS	13	1	4	1	19

Immunizations requirements comply with the AAP and CDC recommendations. States require that students receive immunizations (or a blood test exhibiting immunity if relevant) to Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, and haemophilus influenza type b (Hib) virus. In several states, the Varicella vaccine (chicken pox) is required either of identified grade levels. Hawaii requires specific proof of immunity to Tuberculosis prior to entry in any public or private school.

States have a wide disparity in their requirements for health screening. Some states require school nurses and/ or specialists to conduct all the screening for vision, hearing, oral health, speech, growth, and/ or scoliosis at the school districts' expense. Other states include screening in the required health exam.

While several states include a brief oral health exam in the physician's overall assessment (including California and Kansas), only Rhode Island specifically requires an oral health assessment, which is conducted either by the district dentist or by the student's own dentist. Hawaii recommends an oral health exam, but it is not required for school entry.

No states require any psychological or mental health screening, although Kentucky recommends it for entering 6th graders. However, physicians in all 19 states commonly

identify chronic behavioral or psychological issues as part of the health assessment. If the physician identified a psychological condition, he/ she would refer the student to counseling at the family's expense. As one of two exceptions, Kentucky includes an optional risk assessment as part of the 6th grade physical form, where physicians check as to whether the risk assessment was discussed. Responses to the screening questions are confidential to the student and the health care provider. As the second exception, certain districts have school based health centers that offer mental health services, but the screening and counseling would not be applicable to all students.

Observations on the Standard Form. Several states are currently debating, developing, or revising a standard form used by health care providers to document the results of health exams. The standard form is controversial in many states with school nurses advocating for adequate detail to meet the needs of their students. Health care providers desire latitude to exercise their professional judgment in examining their patients and sharing information. While state agencies respect the professional judgment of physicians to provide relevant detail to the schools, the agencies also want to provide the schools with the information they need to serve students. Many state agencies work actively with school districts and medical providers to determine whether or not a form is needed and to agree on the format and use of the form. Some state agencies have determined to focus on communication and public education, helping physicians and health care providers to understand their role as advocates for a student's health care needs during their time in school.

Data collection

In at least eight states, districts report to a state agency on their compliance with health exams and/ or immunizations. In California, Hawaii, Kentucky, and North Carolina,

districts report on their compliance with health exam requirements and immunizations. In Connecticut, Kansas, Nebraska, and New York districts report compliance with immunizations only.

Several states also compile annual reports based on data submitted by school districts: Florida, Illinois, Kentucky, Maryland, Rhode Island, Tennessee, and from certain districts in Massachusetts. In all states, local school districts compile their own data on students susceptible to particular diseases, rates of chronic disease among students, emergency treatments, number of visits to the nurse, etc.

As one case study in linking submission of data to receipt of state aid, the Illinois State Board of Education may reduce a district's state aid payments by 10 percent beginning on December 10 if the district has not submitted immunization data by November 15 or if their compliance rate is less than 90 percent.

Computerized data systems, including those that scan data submitted by districts, create a challenge for state agencies to initiate, but interview participants believe that these data are essential to documenting the need for student health services, especially in securing necessary funds from the legislative and executive branches in each state. States that are working towards the development of computerized databases include Pennsylvania, Illinois, North Carolina, and Kansas. Websites exist in at least nine states on school health requirements.[iv]

Evaluations on student health were non-existent, with the exception of national data collected on school based health centers and evaluations of specific health initiatives such as the Basic School Health program in Florida and the School Community Health Grants in Virginia. No interview participant knew of any evaluations conducted on the effect of health exam requirements on student health or any other general studies on student health.

General Observations of Interview Participants

Overall, participants generally believe that the statutes requiring health exams are beneficial to students and potentially to schools, provided with the appropriate health care personnel. Participants noted that schools should not be expected to resolve a student's chronic health care needs. However, these statutes can help families address conditions early in a student's life provided that the physician, school health services, insurance companies, Medicaid, and the state's Child Health Insurance Program provide adequate support.

Almost all participants promoted the role of school nurses. The nursing role has increased to include more direct medical care and administration of school health services programs. In addition, budget strains and the national shortage of nurses have had an impact on a school's ability to provide health services. In every interview, school nurses were hailed as the key to ensuring students' optimal health.

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[i] The NASN survey appears in the appendix.
[ii] The table of CHIP legislation appears in the appendix.
[iii] See table of requirements for health exams, immunizations, and health screening by state.
[iv] See list of websites in the appendix.